2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # P96000099085 1. Entity Name CAFE VICO, INC.						04-23-200	J7 90050	049 ****	158./5
Principal Place	e of Business	Mailing Address	Mailing Address		y v	•			
1125 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33304			1125 NORTH FEDERAL HWY FORT LAUDERDALE, FL 33004						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number 65-0742	369			plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 Add	
	6. Name and Address of Curren	7. Name and Address of New Registered Agent							
RODRIGUES, MARCOS A				Name					
20419 NE 10TH CT. NORTH MIAM!, FL 33179				Street Address (P.O. Box Number is Not Acceptable)					
	·								
				City			FL	Zip Code	9
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.					.00 May Be ed to Fees		· · · · · · · · · · · · · · · · · · ·		
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTORS	3 IN 11
TITLE NAME			TITLE					Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI, FL 33179 cm		CITY	- ST - ZIP					
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TITLE		☐ Delete	THLE					Change	☐ Addition
NAME			NAM	E Et address					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
	certify that the information supplied wit	th this filing does not qualify fo			in Chapter 119.	Florida Statutes. I	further certify	that the ir	nformation

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maren a. Rodrigues

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR